



# EMS Education EMT Student Application

## PERSONAL INFORMATION

( ) Fall ( ) Spring 20\_\_\_\_

Name (first, middle initial, last) \_\_\_\_\_ SSN# \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

CU Student ID # \_\_\_\_\_ Email address \_\_\_\_\_

Driver's License# \_\_\_\_\_ Exp Date \_\_\_\_\_ State issued \_\_\_\_\_

Are you physically able to lift 50 pounds? ( ) Yes ( ) No

Able to stand and/or walk for long periods of time? ( ) Yes ( ) No

Do you have your own transportation to clinicals? ( ) Yes ( ) No

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## GENERAL INFORMATION

Experience (not required) running with an EMS Squad and/or Fire Department?

\_\_\_\_\_  
\_\_\_\_\_

Other EMS/Medical training that is currently valid (CPR, Lifeguard, First Aid, etc)?

\_\_\_\_\_  
\_\_\_\_\_

Experiences that have provided you with patient care opportunities (hospital job, volunteer work, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Please list any other campus organizations you are involved in.

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**CRIMINAL**

Have you ever been convicted of a misdemeanor?                    ( ) Yes    ( ) No

Have you ever been convicted of a felony?                        ( ) Yes    ( ) No

*NOTE: If you have been convicted of a felony, you will not be permitted to sit for the final exam, per the State of Ohio Rules and Regulations.*

If you have been convicted of a misdemeanor, please provide the following information:

Charge \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: All misdemeanor convictions are reviewed by the State Board of EMS on a case by case basis. Sitting for the National Registry exam is not a guarantee with any misdemeanor conviction.*

**REFERENCES (no more than one relative)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**EDUCATION**

High School attended \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College/University attended \_\_\_\_\_

Class (please circle one): Freshman   Sophomore   Junior   Senior

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA (cumulative): \_\_\_\_\_

Cedarville University Advisor's Signature: \_\_\_\_\_

I declare that the above statements are true and I understand that giving false information is punishable under Ohio Revised Code Section 2921.13, False Statements, or up to six (6) months in jail and/or \$1000 fine.

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Signature of Applicant

Date

*Send application to: Cedarville University, Office of Continuing Education, 251 N. Main St., Cedarville, OH 45314*